# **Complete Summary**

#### TITLE

Patients' experiences: percentage of parents/guardians who reported how often their child's doctor communicated well.

# SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

#### **Measure Domain**

#### **PRIMARY MEASURE DOMAIN**

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the <u>Measure Validity</u> page.

#### **SECONDARY MEASURE DOMAIN**

Does not apply to this measure

# **Brief Abstract**

## **DESCRIPTION**

This measure is used to assess the percentage of parents/guardians who indicated how often ("Never," "Almost Never," "Sometimes," "Usually," "Almost Always," or "Always") their child's doctors communicated well.

This measure summarizes answers to survey questions that asked parents/guardians **how often** their child's doctor:

- Explained things in a way that was easy for them to understand.
- Listened carefully to them.
- Gave easy-to-understand instructions about taking care of health problems or concerns.
- Seemed to know the important information about their medical history.
- Showed respect for what they had to say.
- Spent enough time with them.

The "How Well Doctors Communicate" composite measure is based on six questions in the CAHPS Clinician & Group Survey Child Primary Care Questionnaire 1.0. Please note that there is another version of the survey: <u>CAHPS</u> Clinician & Group Survey Child Primary Care Questionnaire 2.0 (Beta).

**Note**: A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting. Additionally, frequency distributions are available for plans or providers to use for quality improvement purposes.

#### **RATIONALE**

The CAHPS Clinician & Group Survey refers to three instruments that ask patients about their experiences with doctors and their office staff. The Child Primary Care Questionnaire 1.0 captures the parents'/guardians' perspective on the quality of care provided by primary care physicians to their children. This information is useful to physicians aiming to improve the patient-centeredness of the care they deliver as well as to patients trying to make informed decisions when selecting a physician.

#### PRIMARY CLINICAL COMPONENT

Child primary care; parent/guardian caregivers' experiences; physician communication

# **DENOMINATOR DESCRIPTION**

Patients age 17 years and younger whose parent answered the "How Well Doctors Communicate" questions on the CAHPS Clinician & Group Survey Child Primary Care Questionnaire 1.0 (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

#### **NUMERATOR DESCRIPTION**

The number of "Never," "Almost Never," "Sometimes," "Usually," "Almost Always," or "Always" responses on the "How Well Doctors Communicate" questions (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

# **Evidence Supporting the Measure**

# **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups

# **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

# **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/State government program
External oversight/Veterans Health Administration
Internal quality improvement
Quality of care research

# **Application of Measure in its Current Use**

#### **CARE SETTING**

Physician Group Practices/Clinics

# PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

# **TARGET POPULATION AGE**

Age less than or equal to 17 years

# **TARGET POPULATION GENDER**

Either male or female

# STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

# **Characteristics of the Primary Clinical Component**

# INCIDENCE/PREVALENCE

Unspecified

# **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

# **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories** 

#### **IOM CARE NEED**

Getting Better Living with Illness Staying Healthy

#### **IOM DOMAIN**

Patient-centeredness

# **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Health plan members age 17 years and younger who are currently enrolled in the health plan (commercial, Medicaid, or Medicare) and who have had at least one visit to the primary care physician in the prior 12 months

# **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

Health plan members age 17 years and younger whose parent answered the "How Well Doctors Communicate" questions on the CAHPS Clinician & Group Survey Child Primary Care Questionnaire 1.0. Include refusals, non-response, and bad addresses/phone numbers. See the "Description of Case Finding" field.

#### **Exclusions**

- Deceased
- Ineligible (did not receive care in the last 12 months)

#### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

# **DENOMINATOR (INDEX) EVENT**

Encounter Patient Characteristic

#### **DENOMINATOR TIME WINDOW**

Time window precedes index event

# **NUMERATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

The number of "Never," "Almost Never," "Sometimes," "Usually," "Almost Always," or "Always" responses on the "How Well Doctors Communicate" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

**Note**: Include all completed questionnaires. A questionnaire is considered complete if responses are available for 15 or more of the 29 key survey items. Refer to the original measure documentation for more information.

#### **Exclusions**

Unspecified

# MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### **DATA SOURCE**

Administrative data Medical record Patient survey

# LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

# **Computation of the Measure**

#### **SCORING**

Non-weighted Score/Composite/Scale

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

#### **ALLOWANCE FOR PATIENT FACTORS**

Case-mix adjustment

#### **DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS**

CAHPS recommends adjusting the data for respondent age, education, and general health status.

#### STANDARD OF COMPARISON

External comparison at a point in time External comparison of time trends Internal time comparison

# **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

During the first phase of the CAHPS program (1996-2000), the CAHPS Consortium began work on a standardized, evidence-based instrument that would allow physicians and medical group administrators to assess and improve patients' experiences with their care. Working in collaboration with the Pacific Business Group on Health (PBGH), the Consortium developed a preliminary instrument known as the CAHPS Group Practice Survey (G-CAHPS).

The Consortium used that instrument as a starting point for its development of the CAHPS Clinician & Group Survey during phase II of the CAHPS program. Steps in the development process of the new instrument included the following:

- Interviews with stakeholders about their experiences with the Health Plan Survey and their information needs with respect to both physicians and groups.
- Consultation with PBGH and the Massachusetts Health Quality Partners, both of which had fielded their own group-level surveys.
- The establishment of the Ambulatory CAHPS Advisory Group, a diverse panel
  of experts who have provided input on issues related to survey content and
  administration.
- The publication of a "Call for Measures" in the June 10, 2004, edition of the *Federal Register*. This allowed the Consortium to review the relevant work done by other organizations and assess potential domains to cover in the Clinician & Group Survey.
- Field-testing with over a dozen organizations, including health plans, large medical groups, purchaser groups, physician boards, and others.
- Cognitive interviewing in English and Spanish to determine how potential respondents understood and reacted to survey questions.
- Several rounds of revision of the draft instrument based on feedback from field tests, cognitive interviews, and stakeholders.
- Endorsement of the instrument by the National Quality Forum, as well as the Ambulatory Quality Alliance.

To learn more about the development of the CAHPS Clinician & Group Survey, go to <a href="https://www.cahps.ahrq.gov/content/products/CG/PROD\_CG\_CG40Development.asp">https://www.cahps.ahrq.gov/content/products/CG/PROD\_CG\_CG40Development.asp</a>.

#### **EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

# **Identifying Information**

## **ORIGINAL TITLE**

How well doctors communicate.

# **MEASURE COLLECTION**

CAHPS Clinician & Group Survey

# **MEASURE SET NAME**

CAHPS Clinician & Group Survey, Child Primary Care Questionnaire 1.0

#### **SUBMITTER**

Agency for Healthcare Research and Quality

#### **DEVELOPER**

Agency for Healthcare Research and Quality CAHPS Consortium

# **FUNDING SOURCE(S)**

Agency for Healthcare Research and Quality (AHRQ)

# **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

- Agency for Healthcare Research and Quality (AHRQ)
- American Institutes for Research (AIR)
- Harvard Medical School
- RAND
- Westat

# FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

#### **ENDORSER**

National Quality Forum

# **INCLUDED IN**

Ambulatory Care Quality Alliance

# **ADAPTATION**

Measure was not adapted from another source.

# **RELEASE DATE**

2007 May

#### **REVISION DATE**

2008 Sep

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Agency for Healthcare Research and Quality (AHRQ). CAHPS clinician & group survey and reporting kit. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2007. various p.

## SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

#### **MEASURE AVAILABILITY**

The individual measure, "How Well Doctors Communicate," is published in the "CAHPS Clinician & Group Survey and Reporting Kit." This Kit may be downloaded at the CAHPS Web site.

# **NQMC STATUS**

This NQMC summary was completed by ECRI on August 16, 2007. The information was verified by the measure developer on September 17, 2007. This NQMC summary was completed by ECRI Institute on June 26, 2009. The information was verified by the measure developer on August 7, 2009.

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